

The WHO to convene emergency meeting on the global monkeypox epidemic

Benjamin Mateus
15 June 2022

The World Health Organization has announced it will hold an emergency meeting with outside experts next Thursday, June 23, to assess whether the monkeypox epidemic represents a public health emergency of international concern, the highest alarm the WHO can issue. Presently this designation applies only to the ongoing COVID-19 pandemic and to polio.

The number of confirmed and suspected monkeypox infections continues to grow by the day in non-endemic countries worldwide despite the lack of travel links and connections to the clusters known to have been exported from Africa. Many public health experts have been pushing the World Health Organization (WHO) to respond more urgently.

At a press conference Tuesday, WHO Director-General Tedros Adhanom Ghebreyesus acknowledged that the virus has behaved unpredictably and said that as the number of countries affected is rapidly growing, there is a need for international coordination to address the epidemic. He noted, “I think it’s now clear there is an unusual situation.”

The cumulative case count, including confirmed and suspected cases, has reached almost 1,800 as of June 14, 2022. The seven-day average of new cases (over 80) has been rising steadily since the first case was detected in England on May 6, 2022, in a British citizen returning from Nigeria, where the virus is endemic.

According to a monkeypox data visualization created by Antonio Caramia (all graphics for this article supplied by @Antonio_Caramia, dashboard <https://t.co/fnyPNNQYzk>), there have been 1,688 confirmed cases and 99 suspected. The following 50 countries and territories have confirmed or suspected cases: Argentina, Australia, Austria, Bahamas, Bolivia, Brazil, Canada, Cayman Islands, Czech Republic, Denmark, England, Finland, France, French Guiana, Germany, Ghana, Gibraltar, Greece, Haiti, Hungary, Iceland, Iran, Ireland, Israel, Italy, Kosovo, Latvia, Malta, Mexico, Morocco, Netherlands, Northern Ireland, Norway, Pakistan, Paraguay, Poland, Portugal, Romania, Scotland, Slovenia, Spain, Sudan, Sweden, Switzerland, Uganda, United Arab Emirates, United States, Uruguay, Venezuela, and Wales.

England leads the world with the highest number of confirmed cases, with 452. Spain ranks second with 313 confirmed cases and 32 suspected cases. Portugal is third with

209. Germany has 188 confirmed and one suspected. Canada has 123 confirmed and 24 suspected, France 91 confirmed and the United States ranks seventh with 65.

Also, monkeypox is endemic to ten countries in west and central Africa: Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Ghana (identified in animals only), Cote d’Ivoire, Liberia, Nigeria, the Republic of the Congo, and Sierra Leone.

According to the World Health Organization (WHO), since January 2022, there have been 59 confirmed cases and 1,536 suspected cases, with 72 fatalities, in the WHO African Region. Of the 1,366 monkeypox infections in the Democratic Republic of the Congo, there have been 64 fatalities. In that country the deadlier Congo Basin clade is dominant, while the less virulent West African clade is currently causing the global outbreak. The case fatality rate associated with the West African clade has been reported to be around one percent.

Although the WHO has not officially recognized any deaths with the current epidemic, there is a recent report from Brazil of the possible monkeypox-related death of a 41-year-old man who was admitted to the Uberlandia Medical center, a private hospital in Minas Gerais state. The cause of death is currently under investigation. According to local news reports, the infection may have been exacerbated by other illnesses.

Director-General Ghebreyesus also announced that a working group of experts would propose to change the name of monkeypox, in light of concerns about stigma and racism surrounding the virus that is causing the global epidemic. He said the WHO “is working with partners and experts from around the world on changing the name of monkeypox virus, its clades, and the disease it causes.”

The announcement comes on the heels of a statement to the United Nations health agency from more than 30 international scientists, declaring an “urgent need for a non-discriminatory and non-stigmatizing nomenclature for monkeypox virus.”

They wrote, “As of June 8, 2022, at least 1,111 human cases of MPXV [monkeypox virus] have been confirmed or suspected, and cases have been detected in 44 countries. MPXV infection is caused normally by spill-over events to humans from animals such as rodents, squirrels, and non-human-primates. The virus can also be transmitted from one person to

another by close contact with lesions, body fluids, respiratory droplets, and contaminated materials. Case counts and epidemiological patterns suggest that the current global outbreak is sustained by human-to-human transmission.”

The authors added:

The prevailing perception in the international media and scientific literature is that MPXV is endemic to people in some African countries. However, it is well established that nearly all MPXV outbreaks in Africa prior to the 2022 outbreak have been the result of spillover from animals to humans, and only rarely have there been reports of sustained human-to-human transmissions. In the context of the current global outbreak, continued reference to and nomenclature of this virus being African is not only inaccurate but is also discriminatory and stigmatizing. The most obvious manifestation of this is the use of photos of African patients to depict the pox lesions in mainstream media in the global north. Recently, Foreign Press Association Africa issued a statement urging the global media to stop using images of African people to highlight the outbreak in Europe.

Although the origin of the new global MPXV outbreak is still unknown, there is growing evidence that the most likely scenario is that cross-continent, cryptic human transmission has been ongoing for longer than previously thought. However, there is an increasing narrative in the media and among many scientists that are trying to link the present global outbreak to Africa or West Africa, or Nigeria. Further, the use of geographical labels for strains of MPXV, specifically, references to the 2022 outbreak as belonging to the “West African” or “Western African” clade, strain, or genotype. We, therefore, believe that a nomenclature that is neutral, non-discriminatory, and non-stigmatizing will be more appropriate for the global health community.

The authors are correct to suggest that as the epidemic continues to grow, just as former President Trump had made derogatory and inflammatory references to the virus that causes COVID by calling it the “China virus” and “Kung flu,” the association of geographic names for diseases and viruses has the capacity for politically weaponizing these terms.

Instead, the collaborative working group has proposed a new classification based on the order of detection: “MPXV clades 1, 2, and 3.” Clade 1 would correspond to the Congo Basin clade. In contrast, Clades 2 and 3 would correspond to the West African clade. They wrote, “These three clades represent deep MPXV diversity, accumulated over many years of evolution in

the animal reservoir. Further sequencing of MPXV from the animal reservoir may potentially uncover further clades 4, 5, 6, and so forth.”

Additionally, they have recommended that the viruses that have been sequenced from samples obtained between 2017 and 2019 from the UK, Israel, Nigeria, US, and Singapore, as well as the 2022 global outbreak, be given a new name. “Since viruses in this clade have been transmitting from person to person in dozens of countries and potentially over multiple years, we propose that this represents a transmission route distinct from that of previous MPXV cases in humans and should be afforded a distinct name so that it can be referred to specifically in both scientific discourse and the general media.”

Even the term “monkeypox” is a misnomer, since the most common animal-to-human crossover comes through the consumption of infected rodents. But the virus was first detected historically in macao monkeys brought to a lab in Europe.

Whatever decision the WHO and the emergency committee reach in the next week or two, it is clear that even a declaration of a public health emergency of international concern will be met with nothing more than sensationalism in the media. Vaccine nationalism is well underway as countries plan on stockpiling smallpox vaccines for their citizens. (The smallpox vaccine is quite effective against monkeypox, a related disease).

Scientists and public health experts will press for funding for research, global public surveillance, and tracking infectious diseases with pandemic potential and emerging threats. But low-income countries such as in Africa, where the monkeypox virus poses a far more significant threat, will barely receive media attention, let alone the necessary resources to assist their public health and medical infrastructure.

The current global epidemic of monkeypox infections, like the COVID pandemic, is fundamentally not just a public health crisis but a crisis of capitalism. The profit system is no more able to mobilize the necessary resources and public health strategy to fight monkeypox than to fight SARS-CoV-2. Instead, it diverts critical funding into the escalation of imperialist wars in Ukraine and elsewhere.



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